

<https://individual.carefirst.com/individuals-families/about-us/coronavirus-dental.page>

COVID-19 Dental CareFirst Healthcare Providers

Teledentistry

As dental offices reopen for comprehensive care, CareFirst will continue to cover telemedicine visits for problem-focused dental evaluations and follow ups using the teledentistry code for synchronous visits (D9995). Detailed information for how to bill for telemedicine visits can be found in the [telemedicine section](#) of this resource center.

Audio-Only Visits

Audio-only teledentistry is covered when the patient is unable to participate in an audiovisual visit in lieu of an in-person office visit. Dental providers should use D0190 with D9995 for audio-only dental telehealth visits.

Detailed information for how to bill for telemedicine visits can be found in the [telemedicine section](#) of this resource center (see the Dentists tab).

COVID-19 Vaccine Administration

The U.S. Department of Health and Human Services is amending an emergency declaration under the [Public Readiness and Emergency Preparedness Act](#) to authorize additional providers, including dentists and dental students, to vaccinate patients for COVID-19 nationwide. The final authority does rest with each individual state. Currently, [dentists who practice in Maryland and Virginia may act as COVID-19 Vaccine Administrators](#), once they successfully complete [training](#) on the administration of COVID-19 vaccines.

Dentists who have met these qualifications are advised to use the appropriate medical diagnosis codes listed below in alignment with the specific COVID-19 vaccine dose administered when submitting the claim to their patient's medical plan using the HCFA-1500 form*. If a claim is received by the patient's CareFirst dental plan, a denial will be returned with the remittance referring the provider to the patient's medical plan for billing.

For FEP PPO Standard and Basic Option plans, dentists should use the appropriate **dental CDT codes on the most current 2019 © American Dental Association claim form when submitting the claim to their patient's **FEP medical plan**.*